

UNIVERSITY OF ILLINOIS

MANUFACTURING RESEARCH CENTER

UNIVERSITY OF ILLINOIS AT CHICAGO

UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN

Proposal Transmittal Form

Log No.

Principal Investigator:

Name SSN Rank
Home Dept. Campus Address

Co-Investigators:

Name SSN Home Dept.
Name SSN Home Dept.

Project Title:

Amount Requested: \$ Duration:

Project Type: [] New [] Continuing

Activity Proposed: [] Research [] Equipment [] Summer Support [] Graduate Fellowship

University Approval Requirements:

It is understood that if an award results from this proposal, the investigator agrees to abide by all MRC and University requirements for the administration of the award. The department head/chair and dean have reviewed and approved the project and resource commitments. Any commitment of resources beyond the amount of any resulting award will be the responsibility of the principal investigator's home department. Any unobligated funds remaining at the end of the award period will be returned to the MRC.

Principal Investigator Signature Date

Department Head Signature Date

Center Recommendation:

[] Declined [] Approved for Funding -> \$ Map ACN: (MRC/OBA use only)
Exclude Budget Line Items: (if award amount & proposal budget differ)

Company Representative (if applicable) Signature Date

Company Name (if applicable)

MRC Director Signature Date

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1. Project Description (Background, Industrial Relevance, Purpose):

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2. Proposed Research Work (Project Scope):

3. Expected Results:

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4. Project Budget

I. Personnel (include base salary plus the fringe benefits)

A.	_____	\$	_____
B.	_____	\$	_____
C.	_____	\$	_____
D.	_____	\$	_____
		Sub-total	\$ _____

II. Materials & Supplies

A.	_____	\$	_____
B.	_____	\$	_____
C.	_____	\$	_____
D.	_____	\$	_____
		Sub-total	\$ _____

III. Equipment

A.	_____	\$	_____
B.	_____	\$	_____
C.	_____	\$	_____
D.	_____	\$	_____
		Sub-total	\$ _____

IV. Other (publications costs, lab fees, travel, etc.)

A.	_____	\$	_____
B.	_____	\$	_____
C.	_____	\$	_____
D.	_____	\$	_____
		Sub-total	\$ _____

V. Direct Costs Total (Add I thru IV)

\$ _____

VI. Indirect Costs (15% of Direct Costs)

A.	MRC Administrative Overhead Costs: 15 % of direct cost	\$	_____
		Sub-total	\$ _____

VII. Project Total (Direct Cost + Indirect Cost)

\$

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